NCDOT Aggregate QC/QA Plant Ownership Update

| Name of Con | npany: | | | |
|---|------------------------|----------------------------------|--|---------------------------|
| - | | Contact Information: | | |
| | reet: | | | |
| | reet: | | State | ZIP |
| | ity: | | _ State: | ZIP |
| | elephone: | | <u> </u> | |
| | mail: ame and Title | | | |
| IN: | ame and True | e of Contact: | | |
| Name of Fac | ility: | | | |
| NCDOT Faci | lity Number: | CA | FA | |
| Facility Mail | ing Address | and Contact Information | on: | |
| | reet: | | | |
| St | reet: | | | |
| Ci | ity: | | State: | ZIP |
| Te | elephone: | | | |
| Te | elephone: | | _ | |
| Eı | mail: | | | |
| N | ame and Title | e of Contact: | | |
| Facility Phys | rical Address | • | | |
| Facility Physical Address: Street: | | | | |
| | reet: | | | |
| | - | | State: | ZIP |
| City: Driving Directions from Major Landmark | | one from Major I andmai | | <u></u> |
| Diving Directions from Major Editemark. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Plant Person | nel Respons | ible for Quality: | | |
| 1 14110 1 015011 | Name | iore for Quality. | Title | Cert. Number ¹ |
| 1) | | | | Cort. I validor |
| 2) | | | · | |
| 3) | | | | |
| 4) | | | _ | - |
| 5) | | | _ | |
| 3) | · - | | - | |
| The Informati | ion for this fa | cility <u>HAS</u> hanged since | this form was last submitted? | □YES / □ |
| The Quality C | Control Plan f | or this facility <u>HAS</u> been | revised since it was NCDOT Approve | |
| If YES | S attach conv | of current Quality Contro | ol Plan to this document and submit fo | NO r review |
| II ILS | , anden copy | or carroin Quarty Contro | or rain to and accument and sublint to | 1 10 110 11. |
| I certify that the foregoing entries are correct. | | | | |
| Signature | | | | |
| | | Title: | | |
| | | Date: | | |
| | | | | |

¹ List NCDOT assigned Technician Certification Number if applicable.